

FOR LINE NUMBER:		PAGE 7 OF 49	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Date of Receipt

MM / DD / YYYY

02 / 28 / 2014

Transaction ID : A-CF49406

Amount of Each Receipt this Period

Category	Amount
Receipts from Customers	450
Receipts from Suppliers	350
Receipts from Vendors	250
Receipts from Employees	150
Receipts from Other Sources	100

Date of Receipt

MM / DD / YYYY

03 / 11 / 2014

Transaction ID : A-CF49418

Amount of Each Receipt this Period

Category	Amount
Receipts from Customers	450
Receipts from Suppliers	350
Receipts from Vendors	250
Receipts from Other Sources	150
Receipts from Other Receipts	100

Date of Receipt

MM / DD / YYYY

02 / 28 / 2014

Transaction ID : A-CF49407

Amount of Each Receipt this Period

Receipt Number	Amount
1	500
2	1000
3	1500
4	2000
5	2500
6	3000
7	3500
8	4000
9	4500
10	5000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only) .....

1500.00